

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. This notice provides all required information as noted on the ~~1081~~ form and must be provided within five business days of the employee notifying the employer of the need for FMLA leave. This notice also provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c). For Vermont residents, if there are differences under Vermont Family and Parental Leave (VPFL), they will be noted below.

To: _____

From: _____

Date: _____

Method of Delivery: _____

On _____, you informed us that you needed leave beginning on _____ for:

- † The birth of a child, or placement of a child with you for adoption or foster care;
- † Your own serious health condition;
- † Because you are needed to care for your † spouse; † child; † parent due to their serious health condition
- † Because of a qualifying exigency arising out of the fact that your † spouse; † child; † parent is on covered active duty or call to covered active duty status with the Armed Forces.
- † Because you are the † spouse; † child; † parent; † next of kin of a covered service member with a serious injury or illness.

You told us that you have the following general reason for leave: _____.

You have been/will be out of the office on excused absence since/beginning on _____.

This Notice is to inform you that you:

- † Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- † Are eligible for VPL leave (See Part B below for Rights and Responsibilities)
- † Are not eligible for FMLA leave, because (only one reason need be checked below, although you may be ineligible for other reasons):
 - † You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months toward this requirement.
 - †

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/VPFL-protected leave. (If your leave extends beyond the end of your FMLA/VPFL entitlement, you do not have return rights under FMLA/VPFL.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

For a copy of conditions applicable to sick/vacation/other leave usage please refer to the applicable university policies, handbooks, or collective bargaining agreements available at uvm.edu/hrs or call 656-3150, or e-mail HRInfo@uvm.edu for more information. You can check 99 (a)-3.2 (n)-0.3 (o)-10.6 (rm)ea6 508.2 TTc 0 Tw8.2IEMC /P AMCr le